PTO/SB/17 (07-06)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
	Filing Date		10/707,179-Conf. #1178					
FEE TRANSMITTAL For FY 2006			November 25, 2003 Cin Kim					
			Examiner Name		T. M. Mai			
Applicant claims small entity s	Art Unit	<del></del>	3727					
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket	4394/020013	394/0200136-US0			
METHOD OF PAYMENT (che	ck all that apply)			·				
Check Credit Card	Money Order	No	ne Other	(please identi	fy):			
Deposit Account Deposit Account	unt Number: 04-0100	Deposit Acc	count Name:	Đ	arby & Darby	P.C.		
For the above-identified de	eposit account, the	Director is	hereby authorize	ed to: (checl	k all that apply)			
Charge fee(s) indica	ted below		Charg	e fee(s) indi	cated below, e	xcept for th	e filing fee	
Charge any addition		ayments o	f x Credit	any overpa	yments			
fee(s) under 37 CFF	R 1.16 and 1.17				•			
FEE CALCULATION	EVAMINATION							
1. BASIC FILING, SEARCH, AND	FILING FEES		ARCH FEES	EXAMIN	A <b>T</b> ION FEES	1		
Application Type Fee	Small Entity		Small Entity		Small Entity	Fees P	raid (\$)	
	(\$) <u>Fee (\$)</u> 00 150	<u>Fee (\$</u> 500	) <u>Fee (\$)</u> 250	Fee (\$) 200	<u>Fee (\$)</u> 100	rees r	aiu (\$)	
Design 20		100	50	130	65			
Plant 20		300	150	160	80			
Reissue 30	00 150	500	250	600	300			
Provisional 20	00 100	0	0	0	0			
2. EXCESS CLAIM FEES						_	Small Entity	
Fee Description	·					Fee (\$)	Fee (\$)	
Each claim over 20 (including Re Each independent claim over 3 (ir		,				50 200	25 100	
Multiple dependent claims	icidaling (Cissacs)					360	180	
Total Claims Extra Claims	Fee (\$)	Fee I	Paid (\$)	Mu	Itiple Depende			
9 - 20 ≈ 0	x 50.00 =	0	00 Fee (\$)		: (\$)	Fee Paid (\$)	1	
HP = highest number of total claims paid							_	
$\frac{\text{Indep. Claims}}{2} = \frac{\text{Extra Claims}}{0}$	$\frac{\text{Fee (\$)}}{200.00} =$		Paid (\$) .00					
HP = highest number of independent clai		_	.00					
3. APPLICATION SIZE FEE  If the specification and drawings listings under 37 CFR 1.52(e) sheets or fraction thereof. See	), the application :	size fee du	e is \$250 (\$125 t	onically file or small en	ed sequence or tity) for each a	computer dditional 50	_	
Total Sheets Extra She	eets <u>Numb</u>	er of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee P	aid (\$)	
-100 =	/50		(round up to a who	ole number) x		=		
4. OTHER FEE(S)	130 fee (no emell e	entity dica	ount)			<u>Fees I</u>	<u>Paid (\$)</u>	
Non-English Specification, \$3 Other (e.g., late filing surcharg	· · · · · · · · · · · · · · · · · · ·	eniny disco	Junij					
SUBMITTED BY	~ <i>)</i> ·							
Signatura	, 7	ا	Registration No.	53,706	Telephone	(212) 527		
Name (Print/Type) James N. Tuoz	- 17	7	(Attorney/Agent)	30,700	Date	February 2		
Trains (Fillio Type) / Jailles IV. 1002	~ <i>[]</i>				Date	i <del>c</del> ordary z	2, 2001	

AMEN		Docket No. 04394/0200136-US0						
Application No.		Filing		_	Examiner		Art Unit	
10/707,179-Cd	ont. <u>#1178</u>	November	November 25, 2003			T. M. Mai 3727		
oplicant(s): Cin	Kim ——————							
vention: BOXEI	AND SECUR	RED NECKTIE	PACKAGE					
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ransmitted here					cation.			
he fee has beer	n calculated an	d is transmitte	d as shown b	elow.				
			S AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	F	Rate			
Total Claims	9	- 14 =	0	х	50.00		0.00	
Independent Claims	2	- 5 =	0	х	200.00		0.00	
Multiple Depend	lent Claims (ch	eck if applicabl	e)					
X Large Entity  X No additiona				s	mall Entity		0.00	
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X Charge a	any additional fili	ing or applicatio	n processing f	ees requ	ired under 3	37 CFR 1.	16 and 1.17.	
James N. Tuoz	Mens -	<u> </u>		D	ated:	February	2, 2007	
Attorney/Agent	Reg. No.: \$53,7	706						
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